CLINICAL RESEARCH PROTOCOL **INITIAL** REVIEW APPLICATION

PRINCIPAL INVESTIGATOR (Name, Institute/Branch, Address, Telephone):

DDOTOGOL TITLE

PROTOCOL III					
ABBREVIATED	TITLE (30 characters or less):				
PROPOSED STA	ART DATE: E	END DATE:	TOTAL SI	UBJECTS TO BE ACCRUED	:
MULTI-SITE COLLABORATION: "None "Foreign site(s) only* "Domestic site(s) only* "Foreign & domestic sites* *Include in the protocol the full name and address of each site and identify whether each holds a FWA or MPA. For more information, contact the Office of Human Subjects Research (301-402-3444).			IONIZING RADIATION USE (X-rays, e.g., CT; radioisotopes, e.g. PET; etc.): None Medically indicated Research indicated (Complete NIH-88-23a, and attach to this application. Send a copy of entire protocol and NIH-88-23a to Chair, Radiation Safety for concurrent review).		
REQUESTED ACCRUAL EXCLUSION (Check all that apply): "None "Asian Male "Black or African American "Female "White "Children "Hispanic or Latino "American Indian/ Alaskan Native "Native Hawaiian or Pacific Islander *Attach detailed statement describing the rationale for any requested exclusion(s). SUBJECT ACCRUAL CHARACTERISTICS: Minimum Age Permitted			INVESTIGATIONAL NEW DRUG/DEVICE: None IND IDE FDA No Name: Sponsor: List all commercial or other entities providing investigational drug/device: (Explanation/examples on reverse side)		
Maximum Age Permitted Pediatric None 141 Yr. 1-3 Yrs. 4-17 Yrs. 18-20 Yrs Healthy Volunteers Yes No Are Healthy Volunteers NIH Employees? Yes No Subject Remuneration Yes No NOTE: Each Protocol must include a discussion of the rationale for subject selection including gender and ethnicity of the population at risk. Recruitment plans and procedures must also be described.			Do any investigators have equity, consultative, or other financial relationship with a non-NIH source related to this protocol which might be considered a conflict of interest? "No "Yes (Append a statement of disclosure) MEDICAL ADVISORY INVESTIGATOR (if necessary):		
PROTOCOL TYI Screening Training Natural Histol Natural Histol Clinical Trial:	PE: (Check one):	Check one)	(Name) RESEARCH ((Name)	(Institute/Branch)	(Telephone) (Address, Telephone, Fax) Institute/Branch, Telephone) Initial:
IS TISSUE BEIN PATIENT SELF LIST ON WEB KEY WORDS (E salient in describe 1	G COLLECTED FOR RESEARCH PURF REFERRAL ALLOWED? 'Ye 'Ye Enter 5 words, not contained in the protocoling the protocol):	POSES? "Yes "No	1 2 3 4 5 6 7 8 9	ords as first section of proto	
SIGNATURE	(i i ilicipai ilivestig	ator. De sure to include i it		rus as mist section of prote	Send to Accountable Investigator
RECOMMENDATION	Principal Investigator Accountable Investigator	Print/Type Name Print/Type Name	Date _		Send to Branch Chief, or CC Dept. Head of PI
	Branch Chief or CC Dept. Head of P.I.	Print/Type Name	Date _		Send to Institute/Center Scientific Review Committee
APPROVALS	For Institute/Center Scientific Review Comm.	Print/Type Name	Date _		Send to Clinical Director
	Clinical Director	Print/Type Name	Date _		Send to Chair, Institutional Review Board
PATIENT SAFETY/	Chair, For Institutional Review Board	Print/Type Name	Date _	Protocol & Consent Approval Completed	Send to Office of Protocol Services, through IRB Protocol Coordinator Return to Office of Protocol Services,
RESOURCE REVIEW	Director, Clinical Center	Print/Type Name			(10/1S231B)
COMPLETION	Protocol Specialist	Date	PR	OTOCOL NO.	

Definitions for Research Types

R:CT Research:Clinical Trials – Includes Phase I through Phase IV clinical trials.

Phase

Phase I includes the initial introduction of an investigational new drug into humans. Phase I studies are typically closely monitored and may be conducted in patients or normal volunteer subjects. These studies are designed to determine the metabolism and pharmacologic actions of the drug in humans, the side effects associated with increasing doses, and, if possible, to gain early evidence on effectiveness. During Phase I, sufficient information about the drug's pharmacokinetics and pharmacological effects should be obtained to permit the design of well-controlled, scientifically valid, Phase II studies. The total number of subjects and patients included in Phase I studies varies with the drug, but is generally in the range of 20-80.

Phase II

Phase II includes the controlled and uncontrolled clinical studies conducted to evaluate the effectiveness of the drug for a particular indication or indications in patients with the disease or condition under study and to determine the common short-term side effects and risks associated with the drug. Phase II studies are typically closely monitored, and conducted in a relatively small number of patients, usually involving no more than several hundred subjects.

Phase III

Phase III studies are expanded controlled and uncontrolled trials. They are performed after preliminary evidence suggesting effectiveness of the drug has been obtained, and are intended to gather the additional information about effectiveness and safety that is needed to evaluate the overall benefit-risk relationship of the drug, and to provide an adequate basis for physician labeling. Phase III studies usually include from several hundred to several thousand subjects.

Phase IV (From CFR 312.85)

Phase IV studies. Concurrent with marketing approval, the FDA may seek agreement from the sponsor to conduct certain postmarketing (Phase IV) studies to delineate additional information about the drug's risks, benefits, and optional use. These studies could include, but would not be limited to, studying different doses or schedules of administration than were used in Phase II studies, use of the drug in other patient populations or other stages of the disease, or use of the drug over a longer period of time.

R:NH Research:Natural History/Disease Pathogenesis – Protocols designed to study normal human biology and disease pathogenesis.

Such protocols may have multiple components including provision for screening, standard therapy, physiological investigations, natural history, and long-term effects of therapy.

- Screening Designed to determine if individuals may be suitable candidates for inclusion in one or another study being carried out by an Institute. The NIH does not support a rigid quota of patients to be admitted for screening purposes, since this may vary widely among ICs and within an IC over time. Furthermore, specific screening protocols may be written for long-term accrual of cohorts of patients with interesting, unexplained disease presentation for the purpose of identifying new syndromes. However, the projected number of patients to be accrued to such screening protocols must be estimated in advance and subsequently monitored.
- Training Provide the opportunity for staff physicians and other health workers to follow particular types of patients in order to maintain or increase their professional skills. The projected number of subjects to be accrued to such training protocols must be indicated in advance and subsequently monitored.

Commercial or Other Entities Providing Drug/Device

A sponsor of a clinical trial is the IND holder. The sponsor usually supplies the drug or device for the trial, monitor the clinical trial, and report to the FDA. The sponsor can be an individual, commercial entity (e.g., drug company), government agency (e.g., Cancer Therapy Evaluation Program), academic institution, or clinical trial organization (e.g., cooperative group operations office). Commercial entities that manufacture the investigational drug/device, supply the drug/device for the trial, hold the IND and sponsor the trial, or are a partner in the development of the drug/device should be reported.